



TOWN OF BIG FLATS
476 Maple Street, Big Flats, NY 14814
(607)562-8443, Fax (607)562-7063

**APPLICATION FOR ACCESS TO RECORDS,
FREEDOM OF INFORMATION LAW (FOIL)**

I do hereby request the following records ☐ to inspect ☐ as copies ☐ faxed ☐ emailed
The information you provide must be specific to what you are requesting:

Name (please print)

Signature

Mailing Address

Date

City, State, Zip Code

Phone Number

By signing above I consent to the following:

To pay all costs incurred for the search of the above requested records.

To pay a charge of 25¢ per copy, and/or the appropriate cost of reproducing other records.

FOR AGENCY USE ONLY

☐ **Denial of Access:**

I hereby certify that access has been denied to the applicant for the reason(s) checked below:

- ☐ Confidential disclosure
- ☐ Unwarranted Invasion of Personal Privacy
- ☐ Record of which this Agency is legal custodian cannot be found
- ☐ Exempted by statute other than Freedom of Information Act
- ☐ Other _____

You have the right to appeal a denial of this application in writing to the Town Board of Big Flats within Thirty Days (30) of denial

☐ **Search Certification:**

I certify that a proper search has been conducted for the records requested and they cannot be found

☐ **Approved:**

I certify that the copies attached are correct copies of the records requested above.

Name

Signature

Date

COST OF COPIES: Number of copies _____ Cost per page _____ Total Cost _____